



Medical Clearance



Complete Performance Solutions' Lifestyle Specialists are all university qualified Exercise Physiologists and Accredited Practising Dietitians. We are a highly professional company, and strictly adhere to the *American College of Sports Medicine's Guidelines for Exercise Testing and Prescription*. These guidelines require us to obtain Medical Clearances for all clients over 41 years of age; with existing medical conditions; or with 2 or more cardiovascular risk factors.

We appreciate you completing this medical clearance and returning it to your patient or mailing it to us, so we can commence their program. If you recommend an Exercise Stress Test or other tests we appreciate you referring your client for these tests. We will correspond with you with regards to your client's progress. Please don't hesitate to call us if you have any questions.

Yours Sincerely

Leanne Hammond

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I give medical approval for _____ (insert client name) to participate in a health and fitness program with Complete Performance Solutions.

Relevant medical conditions:

Medications which might affect this client's response to exercise:

Comments or exercise specifications:

Doctor's Name: _____ Phone: _____

Doctor's Signature: _____ Date: _____

